

AUTO CR - LOG SUMMARY #1073259

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that officers responded on the scene to assist paramedics with the subject, who was highly agitated and had not taken his medication for several months. Officers attempted to calm the subject, but he ignored their commands and became combative with them and the paramedics. Officer Jones deployed his Taser several times in order to gain control over the subject.	(None Entered)		

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	BANIEWICZ, ROBERT A		006 /	SERGEANT OF POLICE	M	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
07-JAN-2015 11:19 - 07-JAN-2015 11:19		0621	006	290 - RESIDENCE	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD	Victim/Subject					M	BLK		
NON-CPD	Witness					F	BLK		
CPD Employee	Involved Member	JONES, GREGORY B		006 /	POLICE OFFICER	M	BLK		
CPD Employee	Witness		7817	006 /	POLICE OFFICER	M	WHI		

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
Reporting Party Third Party			CO-WORKER
Reporting Party Third Party			CO-WORKER
Reporting Party Third Party			NO RELATIONSHIP
Reporting Party Third Party			NO RELATIONSHIP

Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE		N

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
KOBEL, DANIEL	Primary	RAPID RESPONSE	03-FEB-2015	04-MAY-2015	27-FEB-2015	24
ROBERTS, GEORGE	Supervisor	RAPID RESPONSE	28-JAN-2015	28-APR-2015	27-FEB-2015	

Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	06-MAR-2015 04:20	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	06-MAR-2015 04:20	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING C.O.P.A. COORDINATOR REVIEW	04-MAR-2015 10:12	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PENDING INVESTIGATIVE REVIEW	27-FEB-2015 07:21	KOBEL, DANIEL	INVESTIGATOR I COPA	113 /	
PENDING INVESTIGATION	03-FEB-2015 11:48	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN INVESTIGATOR	28-JAN-2015 10:16	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	09-JAN-2015 10:09	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	09-JAN-2015 09:13	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	09-JAN-2015 07:47	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	check
PENDING SUPERVISOR REVIEW	09-JAN-2015 07:39	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	08-JAN-2015 10:05	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	08-JAN-2015 09:02	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	No allegations listed on the Initiation Report or TRRs; this is a notification only
PRELIMINARY	07-JAN-2015 09:05	NUFIO, OSCAR	INVESTIGATOR I COPA	113 /	
PRELIMINARY	07-JAN-2015 02:01	TOUSANT, LISA	INTAKE AIDE	113 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	INVESTIGATION					KOBEL, DANIEL	25-FEB-2015 12:00			
1	FACE SHEET					TOUSANT, LISA	07-JAN-2015 02:01			
2	CONFLICT CERTIFICATION					KOBEL, DANIEL	25-FEB-2015 12:00			

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
	DOCUMENTS - INTAKE INCIDENT		2	No allegations, just a notification	N	NUFIO, OSCAR	07-JAN-2015 09:04	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3		N	NUFIO, OSCAR	07-JAN-2015 09:05	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	██████████ Ion-Criminal - Mental Health Transport	N	HAYES, SHANNON	08-JAN-2015 08:51	APPROVED		
	DOCUMENTS - INVESTIGATION		1		N	KOBEL, DANIEL	27-FEB-2015 07:20	APPROVED		
	RELATED - TACTICAL RESPONSE REPORT			RD No. ██████████ - Event No. ██████████ CB No. ██████████		KOBEL, DANIEL	26-FEB-2015 01:46			
	DOCUMENTS - INTAKE INCIDENT		3	PO JONES	N	NUFIO, OSCAR	07-JAN-2015 09:00	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3	PO TURNEY	N	NUFIO, OSCAR	07-JAN-2015 09:01	APPROVED		
	RELATED - TACTICAL RESPONSE REPORT			RD No. ██████████ - Event No. ██████████ CB No. ██████████		KOBEL, DANIEL	26-FEB-2015 01:56			

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
INVESTIGATIVE SUPERVISOR REVIEW		SUBMITTED	DEAN, BRUCE	SUPERVISING INV COPA	113	04-MAR-2015 10:12	

Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 07-JAN-2015) - LOG #1073259

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	BANIEWICZ, ROBERT A			006 /	SERGEANT OF POLICE	M	WHI		

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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	RAPID RESPONSE	KOBEL, DANIEL (PRIMARY INV)	03-FEB-2015 11:48	WEEDEN, WILLIAM	
IPRA	RAPID RESPONSE	ROBERTS, GEORGE (SUPERVISOR)	28-JAN-2015 10:16	WEEDEN, WILLIAM	
IPRA	RAPID RESPONSE	-	28-JAN-2015 10:16	WEEDEN, WILLIAM	
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	07-JAN-2015 14:01	TOUSANT, LISA	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	06-MAR-2015 04:20	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	06-MAR-2015 04:20	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
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PENDING INVESTIGATIVE REVIEW	27-FEB-2015 07:21	KOBEL, DANIEL	INVESTIGATOR I COPA	113 /	
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Status History

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PENDING ASSIGN TEAM	09-JAN-2015 10:09	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	09-JAN-2015 09:13	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	09-JAN-2015 07:47	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	check
PENDING SUPERVISOR REVIEW	09-JAN-2015 07:39	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	08-JAN-2015 10:05	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	08-JAN-2015 09:02	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	No allegations listed on the Initiation Report or TRRs; this is a notification only
PRELIMINARY	07-JAN-2015 09:05	NUFIO, OSCAR	INVESTIGATOR 1 COPA	113 /	
PRELIMINARY	07-JAN-2015 02:01	TOUSANT, LISA	INTAKE AIDE	113 /	

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1 DATE OF INCIDENT 07-JAN-2015		TIME 11:19:00		2 ADDRESS OF OCCURRENCE [REDACTED]				3 LOCATION CODE 090		4 BEAT/OCCUR 0621											
	5 POSITION 9161		6 LAST NAME JONES		7 FIRST NAME GREGORY B		8 STAR NO 11238		9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10 RACE CODE BLK		11 AGE [REDACTED]		12 HT 508		13 WT 154					
	14 DATE OF APPT 27-MAR-1991		15 EMPLOYEE NO [REDACTED]		16 UNIT & BEAT OF ASSIGNMENT 006 0671		17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No											
	20 LAST NAME [REDACTED]		21 FIRST NAME [REDACTED]		22 M I B		23 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24 RACE BLK		25 D O B [REDACTED]		26 HT 508		27 WT 200							
SUBJECT INFORMATION	28 ADDRESS [REDACTED]		29 TELEPHONE NO [REDACTED]		30 WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				31 SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No											
	33 WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]				34 BY WHOM? [REDACTED]		35 CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid															
	36 CHARGES PLACED [REDACTED]				<input type="checkbox"/> DNA		37 CB NO [REDACTED]		IR NO [REDACTED]		<input type="checkbox"/> DNA											
REASON FOR USE OF FORCE (Check all that apply)	38 <input type="checkbox"/> DNA		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT ASSAULT		ASSAILANT BATTERY		ASSAILANT DEADLY FORCE							
			DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____		MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input checked="" type="checkbox"/> TASER (Contact Stun) <input checked="" type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____							
WEAPON DISCHARGE INCIDENT	39 <input type="checkbox"/> DNA		40 ADDITIONAL INFORMATION [REDACTED] TO SIGN SUBJECT INTO HOSP. FOR MENTAL EVALUATION.		POSITION [REDACTED]		STAR NO [REDACTED]		UNIT [REDACTED]		41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42 INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43 LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44 WEATHER CONDITIONS SNOW					
	45 MAKE/MANUFACTURER [REDACTED]		46 MODEL [REDACTED]		47 BARREL LENGTH [REDACTED]		48 CALIBER/GAUGE [REDACTED]		49 TASER DART ID NO C6200AR1X		50 WEAPON SERIAL No (Include Letters) [REDACTED]		51 CHICAGO GUN REG NO [REDACTED]		52 IL FIREARM OWNER ID NO [REDACTED]		53 HANDGUN CERTIFICATE NO [REDACTED]					
	54 SPECIAL WEAPON CERTIFICATE NO [REDACTED]		55 PROPERTY INVENTORY NO [REDACTED]		56 TYPE OF AMMUNITION USED [REDACTED]		57 NO OF WEAPONS DISCHARGED BY THIS MEMBER 1		58 TOTAL NO OF SHOTS MEMBER FIRED [REDACTED]		59 WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61 NO OF CATDRIDGES/ SHOT SHELLS RELOADED [REDACTED]		62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)					
	63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]		67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT		68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		70 EVENT NO [REDACTED]							
CASE INFO.	72		NOTIFICATIONS (OC OR TASER INCIDENT) <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS & LT /DIST OF OCCUR <input checked="" type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT) <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET DIV Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report		71 R D NO [REDACTED]		73 REPORTING MEMBER (Print Name) JONES, GREGORY B 07-JAN-2015 14:14:35		STAR/EMPLOYEE NO 11238		SIGNATURE [REDACTED]		74 REVIEWING SUPERVISOR (Print Name) BANIEWICZ, ROBERT A		STAR NO 1796		SIGNATURE [REDACTED]		DATE REVIEWED 07-JAN-2015 14:20:50		TIME 07-JAN-2015 14:20:50	
	SIGNATURES		73 REPORTING MEMBER (Print Name) JONES, GREGORY B 07-JAN-2015 14:14:35		STAR/EMPLOYEE NO 11238		SIGNATURE [REDACTED]		74 REVIEWING SUPERVISOR (Print Name) BANIEWICZ, ROBERT A		STAR NO 1796		SIGNATURE [REDACTED]		DATE REVIEWED 07-JAN-2015 14:20:50		TIME 07-JAN-2015 14:20:50					

CPD-11.3.77 (REV. 10/07)

CPD 0094931

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 2) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject hospitalized

76 LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

I have concluded that the member's actions were in compliance with Department procedures and directives

77 LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO 1073259 OBTAINED

78 LIEUTENANT OR ABOVE/OCIC (Print Name)

HANNA, GLORIA J

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

07-JAN-2015 14:58:57

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY

ATTACHMENTS - PHOTOCOPIES OF

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☐ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I O D REPORT

☐ CR INITIATION REPORT

80 TOTAL TRR's THIS EVENT No

1

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1 DATE OF INCIDENT 07-JAN-2015		TIME 11:19:00		2 ADDRESS OF OCCURRENCE [REDACTED]				3 LOCATION CODE 090		4 BEAT/OCCUR 0621													
	5 POSITION 9161		6 LAST NAME TULLY		7 FIRST NAME MARTIN E		8 STAR NO 7817		9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10 RACE CODE WHI		11 AGE [REDACTED]		12 HT 511		13 WT 168							
	14 DATE OF APPT [REDACTED]		15 EMPLOYEE NO [REDACTED]		16 UNIT & BEAT OF ASSIGNMENT 006 0671		17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No													
	20 LAST NAME [REDACTED]		21 FIRST NAME [REDACTED]		22 M I [REDACTED]		23 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24 RACE BLK		25 D O B [REDACTED]		26 HT 508		27 WT 200									
SUBJECT INFORMATION	28 ADDRESS [REDACTED]		29 TELEPHONE NO [REDACTED]		30 WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				31 SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No													
	33 WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]				34 BY WHOM? [REDACTED]				35 CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid															
REASON FOR USE OF FORCE (Check all that apply)	36 CHARGES PLACED <input type="checkbox"/> DNA																		37 CB NO		IR NO		<input type="checkbox"/> DNA	
	38 DNA <input type="checkbox"/>																							
SUBJECT'S ACTIONS	PASSIVE RESISTER				ACTIVE RESISTER				ASSAILANT ASSAULT				ASSAILANT BATTERY				ASSAILANT DEADLY FORCE							
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____				FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____				IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____				ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____				USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____							
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____				OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____				ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____				KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>				FIREARM <input type="checkbox"/> OTHER _____							
	39 OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]																		40 ADDITIONAL INFORMATION [REDACTED] IN ORDER TO SIGN SUBJECT IN FOR MENTAL EVALUATION					
WEAPON DISCHARGE INCIDENT	POSITION		STAR NO		UNIT																			
	41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN				42 INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors				43 LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial				44 WEATHER CONDITIONS SNOW											
	45 MAKE/MANUFACTURER				46 MODEL				47 BARREL LENGTH				48 CALIBER/GAUGE											
	49 TASER DART ID NO				50 WEAPON SERIAL No (Include Letters)				51 CHICAGO GUN REG NO				52 IL FIREARM OWNER ID NO				53 HANDGUN CERTIFICATE NO							
CASE INFO.	54 SPECIAL WEAPON CERTIFICATE NO				55 PROPERTY INVENTORY NO				56 TYPE OF AMMUNITION USED				57 NO OF WEAPONS DISCHARGED BY THIS MEMBER				58 TOTAL NO OF SHOTS MEMBER FIRED							
	59 WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)				60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO				61 NO OF CARTRIDGES/ SHOT SHELLS RELOADED				62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)				70 EVENT NO [REDACTED]							
	63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)				64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD				65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO															
	66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)				67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT																			
68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN				69 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																				
SIGNATURES	72 NOTIFICATIONS (OC OR TASER INCIDENT) <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT /DIST OF OCCUR <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT) <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET DIV Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report																		71 R D NO [REDACTED]					
	73 REPORTING MEMBER (Print Name) TULLY, MARTIN E STAR/EMPLOYEE NO 7817 SIGNATURE [REDACTED] 07-JAN-2015 14:33:25 12631																							
SIGNATURES	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below																							
	74 REVIEWING SUPERVISOR (Print Name) BANIEWICZ, ROBERT A				STAR NO 1796				SIGNATURE [REDACTED]				DATE REVIEWED 07-JAN-2015 14:35:26				TIME							

CPD-11.3 (REV. 10/07)

CPD 0094933

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 2) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject hospitalized

76 LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

I have concluded that the member's actions were in compliance with Department procedures and directives

77 LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO 1073259 OBTAINED

78 LIEUTENANT OR ABOVE/OCIC (Print Name)

HANNA, GLORIA J

SIGNATURE

DATE COMPLETED

TIME

07-JAN-2015 15:01:21

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY

ATTACHMENTS - PHOTOCOPIES OF

☐ SUPPLEMENTARY REPORT

☐ I O D REPORT

80 TOTAL TRR's THIS EVENT No

☐ CASE REPORT

☐ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

1

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

BUREAU OF PATROL

07 January 2015

TO: Fred Waller
Commander
006th District

FROM: Robert Baniewicz
Sergeant
006th District

SUBJECT: INITIATION REPORT
Log #1073259

ACCUSED: P.O. Greg JONES, Star #11238, Employee # [REDACTED] (Beat 0671)

COMPLAINANT: [REDACTED]

WITNESSES: [REDACTED]

ALLEGATION: Taser Deployment

DATE & TIME: 07 January 2015 1119 Hours

LOCATION: [REDACTED]

NOTIFICATION: Independent Police Review Authority on 07Jan15 at 1400 Hours
Investigator Lisa Tousant #56896

HISTORY: On 07Jan15 - 1119 Hours, Beat 0671 (P.O. Gregory JONES # 11238 and
P.O. Martin TULLY #7817) responded to a Mental Disturbance (Priority 1A) at [REDACTED]
[REDACTED] Upon arrival, the officers met with CFD Ambulance # 58 (John COLE and

taser and relocated with CFD Ambulance #58 and Yvonne FORD (guardian of [REDACTED])
[REDACTED] for psychological evaluation of [REDACTED] by Dr.
DENGLER. Upon receiving notification, the undersigned responded to St. Bernard
Hospital and met with Beat 0671. E.T. Vera #11421 (Beat 5812) responded to St.
Bernard Hospital to take photographs of [REDACTED]. Beat 0671 then relocated to the
006th District to complete the related Hospitalization Case Report (ref. RD# [REDACTED])
and Tactical Response Reports.
R/Sgt. contacted the Independent Police Review Authority (Inv. Lisa TOUSANT
[REDACTED]) to document this taser deployment (reference log # [REDACTED]).

Robert A. Baniewicz 1796
Sgt. Robert A. Baniewicz, #1796

EVIDENCE SYNCTM OFFLINE

DEVICE REPORT

ECD Information

Model #: TASER_ECD_X2

Serial #: X300013R0

Firmware Version: FWBundle Rev. 04.010

Device Health: Good

Offline Report

Date:

07 Jan 2015 13:03:31

Local Timezone:

Central Standard Time (UTC -6:00)

Event Log

GMT Time	Local Time	Event	Cartridge Info	Duration	Temp	Batt%
05/06/2013 20:19:52	05/06/2013 15:19:52	Armed	C1: Empty C2: Empty		32°C 32°C	67% 67%
05/06/2013 20:20:28	05/06/2013 15:20:28	Armed	C1: 25' Standard C2: Empty		32°C 32°C	
05/06/2013 21:20:34	05/06/2013 16:20:34	Armed	C1: Empty C2: Empty		28°C 28°C	83% 83%
05/06/2013 21:20:39	05/06/2013 16:20:39	Safe	C1: Empty C2: Empty	5s 5s	28°C 28°C	83% 83%
05/06/2013 21:20:39	05/06/2013 16:20:39	Armed	C1: 25' Standard C2: 25' Standard		28°C 28°C	83% 83%
05/06/2013 21:20:47	05/06/2013 16:20:47	Trigger	C1: Deployed	5s		83% 83%
05/06/2013 21:20:52	05/06/2013 16:20:52	Trigger	C2: Deployed	5s		83% 83%
05/06/2013 21:20:58	05/06/2013 16:20:58	Arc	C1: Deployed C2: Deployed	5s 5s		83% 83%
05/06/2013 21:21:05	05/06/2013 16:21:05	Arc	C1: Deployed C2: Deployed	5s 5s		83% 83%
05/06/2013 21:21:10	05/06/2013 16:21:10	Safe	C1: Deployed C2: Deployed	31s 31s	32°C 32°C	83% 83%
05/06/2013 21:21:11	05/06/2013 16:21:11	Armed	C1: 25' Standard C2: 25' Standard		32°C 32°C	83% 83%
05/06/2013 21:21:11	05/06/2013 16:21:11	Trigger	C1: Deployed	5s		83% 83%
05/06/2013 21:21:18	05/06/2013 16:21:18	Trigger	C2: Deployed	5s		83% 83%
05/06/2013 21:21:23	05/06/2013 16:21:23	Arc	C1: Deployed C2: Deployed	4s 4s		83% 83%
05/06/2013 21:21:30	05/06/2013 16:21:30	Arc	C1: Deployed C2: Deployed	5s 5s		83% 83%
05/06/2013 21:21:35	05/06/2013 16:21:35	Safe	C1: Deployed C2: Deployed	24s 24s	33°C 33°C	83% 83%
05/06/2013 21:21:36	05/06/2013 16:21:36	Armed	C1: 25' Standard C2: 25' Standard		34°C 34°C	83% 83%
05/06/2013 21:22:01	05/06/2013 16:22:01	Armed	C1: 25' Standard C2: 25' Standard		35°C 35°C	83% 83%

GMT Time	Local Time	Event	Cartridge Info	Duration	Temp	Batt%
01/01/2015 11:27:23	01/01/2015 05:27:23	Safe	C1: 25' Standard C2: 25' Standard	10s 10s	31°C 31°C	97% 97%
01/01/2015 21:30:10	01/01/2015 15:30:10	Armed	C1: 25' Standard C2: 25' Standard		30°C 30°C	97% 97%
01/01/2015 21:30:13	01/01/2015 15:30:13	Arc	C1: 25' Standard C2: 25' Standard	1s 1s		97% 97%
01/01/2015 21:30:14	01/01/2015 15:30:14	Safe	C1: 25' Standard C2: 25' Standard	4s 4s	29°C 29°C	97% 97%
01/02/2015 11:34:27	01/02/2015 05:34:27	Armed	C1: 25' Standard C2: 25' Standard		30°C 30°C	97% 97%
01/02/2015 11:34:28	01/02/2015 05:34:28	Safe	C1: 25' Standard C2: 25' Standard	1s 1s	29°C 29°C	97% 97%
01/02/2015 11:34:46	01/02/2015 05:34:46	Armed	C1: 25' Standard C2: 25' Standard		29°C 29°C	97% 97%
01/02/2015 11:34:48	01/02/2015 05:34:48	Arc	C1: 25' Standard C2: 25' Standard	1s 1s		97% 97%
01/02/2015 11:34:49	01/02/2015 05:34:49	Safe	C1: 25' Standard C2: 25' Standard	3s 3s	30°C 30°C	97% 97%
01/03/2015 21:15:30	01/03/2015 15:15:30	Armed	C1: 25' Standard C2: 25' Standard		25°C 25°C	97% 97%
01/03/2015 21:15:31	01/03/2015 15:15:31	Arc	C1: 25' Standard C2: 25' Standard	1s 1s		97% 97%
01/03/2015 21:15:31	01/03/2015 15:15:31	Safe	C1: 25' Standard C2: 25' Standard	1s 1s	25°C 25°C	97% 97%
01/04/2015 21:22:58	01/04/2015 15:22:58	Armed	C1: 25' Standard C2: 25' Standard		25°C 25°C	97% 97%
01/04/2015 21:23:02	01/04/2015 15:23:02	Arc	C1: 25' Standard C2: 25' Standard	1s 1s		97% 97%
01/04/2015 21:23:02	01/04/2015 15:23:02	Safe	C1: 25' Standard C2: 25' Standard	4s 4s	26°C 26°C	97% 97%
01/05/2015 12:47:20	01/05/2015 06:47:20	Armed	C1: 25' Standard C2: 25' Standard		26°C 26°C	97% 97%
01/05/2015 12:47:21	01/05/2015 06:47:21	Safe	C1: 25' Standard C2: 25' Standard	1s 1s	26°C 26°C	97% 97%
01/05/2015 14:59:54	01/05/2015 08:59:54	Armed	C1: 25' Standard C2: 25' Standard		27°C 27°C	97% 97%
01/05/2015 14:59:55	01/05/2015 08:59:55	Arc	C1: 25' Standard C2: 25' Standard	1s 1s		97% 97%
01/05/2015 14:59:55	01/05/2015 08:59:55	Safe	C1: 25' Standard C2: 25' Standard	1s 1s	28°C 28°C	97% 97%
01/05/2015 22:34:40	01/05/2015 16:34:40	Armed	C1: 25' Standard C2: 25' Standard		24°C 24°C	97% 97%
01/05/2015 22:34:41	01/05/2015 16:34:41	Safe	C1: 25' Standard C2: 25' Standard	1s 1s	24°C 24°C	97% 97%
01/06/2015 13:11:08	01/06/2015 07:11:08	Armed	C1: 25' Standard C2: 25' Standard		26°C 26°C	97% 97%
01/06/2015 13:11:09	01/06/2015 07:11:09	Safe	C1: 25' Standard C2: 25' Standard	1s 1s	26°C 26°C	97% 97%
01/07/2015 10:46:13	01/07/2015 04:46:13	Armed	C1: 25' Standard C2: 25' Standard		28°C	97%
01/07/2015 17:28:43	01/07/2015 11:28:43	Armed	C1: 25' Standard C2: 25' Standard		25°C 25°C	97% 97%

GMT Time	Local Time	Event	Cartridge Info	Duration	Temp	Batt%
01/07/2015 17:29:07	01/07/2015 11:29:07	Safe	C1: 25' Standard C2: 25' Standard	24s 24s	26°C 28°C	97% 97%
01/07/2015 17:29:24	01/07/2015 11:29:24	Armed	C1: 25' Standard C2: 25' Standard		26°C 26°C	97% 97%
01/07/2015 17:29:28	01/07/2015 11:29:28	Arc	C1: 25' Standard C2: 25' Standard	1s 1s		97% 97%
01/07/2015 17:29:44	01/07/2015 11:29:44	Trigger	C1: Deployed	5s		97% 97%
01/07/2015 17:29:50	01/07/2015 11:29:50	Trigger	C2: Deployed	8s		97% 97%
01/07/2015 17:30:00	01/07/2015 11:30:00	Trigger	C2: Deployed	5s		96% 96%
01/07/2015 17:30:06	01/07/2015 11:30:06	Trigger	C2: Deployed	6s		96% 96%
01/07/2015 17:30:12	01/07/2015 11:30:12	Trigger				96% 96%
01/07/2015 17:50:25	01/07/2015 11:50:25	20-minute Power Save Mode				
01/07/2015 18:31:25	01/07/2015 12:31:25	0x19				
01/07/2015 18:32:27	01/07/2015 12:32:27	USB Connected	C1: Invalid Cart. Type C2: Invalid Cart. Type		23°C 23°C	0% 0%
01/07/2015 19:00:24	01/07/2015 13:00:24	Time Sync	01/07/2015 13:00:24 to 01/07/2015 13:02:55			

CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police Department Personnel Only)
CPD-11.388(6/03)-C)

RD #: [REDACTED]

EVENT #: [REDACTED]

INCIDENT	CLOSED NON-CRIMINAL		
	IUCR: 5079 - Non-Criminal - Mental Health Transport		
	Occurrence Location: [REDACTED] 090 - Apartment	Beat: 0621	Unit Assigned: 0671 RO Arrival Date: 07 January 2015 11:19
	Occurrence Date: 07 January 2015 11:19		

NON OFFENDER	VICTIM - Individual		Demographics	
	Name: [REDACTED]		Male	DOB: [REDACTED]
	Res: [REDACTED]	Beat: 0621	Black	Age: 23 Years
		Beat: 5100	5'08, 200 lbs Brown Eyes Black Hair Short Hair Style Dark Complexion	Birth Place: Illinois
Sobriety: Unknown				

INJURIES	Injury Info ([REDACTED] - Victim)		
	CFD First Aid Given? Yes	Injury Extent: Minor	
	Responding Unit: AMBULANCE 58	Hospital: [REDACTED]	
	Type Other	Physician Name: [REDACTED]	Other Weapon Used Other - Taser

DOMESTIC INFO		

OTHER	Miscellaneous	
	Victim Information Provided	Flash Message Sent ? No

NARRATIVE	EVEN [REDACTED] HISTORY AND INVESTIGATION: R/OS ARRIVED ON SCENE AND MET WITH CFD AMB #58 WHO RELATED ABOVE [REDACTED] (VICTIM) M1 23 WAS HIGHLY AGITATED AND HAD NOT TAKEN HIS RITALIN MEDICATIONS FOR APPROX. THREE MONTHS. R/OS ATTEMPTED TO CALM [REDACTED] (VICTIM) DOWN BUT HE IGNORED ALL VERBAL COMMANDS AND BECAME COMBATIVE TO BOTH PARAMEDICS AND OFFICERS ON SCENE. P/O JONES #11238 DEPLOYED TASER SEVERAL TIMES IN ORDER TO SUBDUE [REDACTED] (VICTIM). R/OS CFD AMB #58 TO ST. BERNARD HOSPITAL WHERE HE WAS TREATED BY DR. DENGLE AND NURSE TONYA RICHMOND. BEAT 630 ON SCENE. PO VERA #11421 BEAT 5812 TOOK PHOTOS KEITH WEST (VICTIM) AT 1310HRS. OEC NOTIFIED. CPIC SPATON #9412 NOTIFIED.	

RD #: [REDACTED]



PERSONNEL		Star No	Emp No	Name	User	Date	Unit	Beat
	Approving Supervisor	1796	# [REDACTED]	BANIEWICZ, Robert, A	([REDACTED]	07 Jan 2015 14:33	006	
	Reporting Officer	7817	# [REDACTED]	TULLY, Martin, E	([REDACTED]	07 Jan 2015 13:28	006	0671



INDEPENDENT POLICE REVIEW AUTHORITY

26 February 2015
Log # 1073259

TO: Chief Administrator
Independent Police Review Authority

FROM: Investigator Daniel Kobel, #136

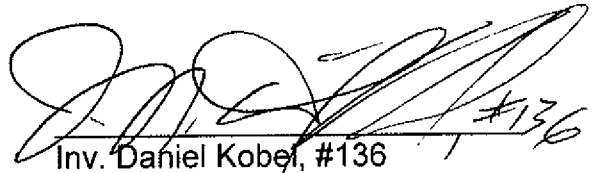
SUBJECT: Attempt to Contact Witness (Enhanced Taser Program)

On 26 February 2015, the R/I reviewed documents related to the Non-Criminal Hospital Transport of [REDACTED] to gather more information regarding a taser deployment incident in which he was involved. The R/I met with the following results:

- ☐ Unable to contact due to no address or telephone contact number provided on departmental reports.
- ☐ Spoke with __ (Subject/Detainee) _____ who made no allegations of excessive force.
- ☒ Spoke with [REDACTED] grandmother of the subject, who made no allegations of excessive force relative to this incident.
- ☐ Westlaw search of (Subject/Detainee) failed to produce a valid address or contact number.
- ☐ Other

Approved

B. Deane 016
IPRA Supervisor


Inv. Daniel Kobel, #136

Log # 1073259
Attachment #